

Entered - 08-07-01 - sb
CL 01L0503 - GWENDOLYN BURNS

CLAIM OF: SHARON G. CLARKE
706 Marne Lane
Houston, Texas 77090

01- R-1397

For property damages alleged to have been sustained when a vehicle drove over a displaced manhole cover in the roadway on July 27, 2001 at 301 10th Street, NW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to SHARON G. CLARKE the sum of \$1,875.62 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for property damages alleged to have been sustained when a vehicle drove over a displaced manhole cover in the roadway on July 27, 2001 at 301 10th Street, NW as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

C-15

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0503

Date: August 24, 2001

Claimant /Victim SHARON G. CLARKE

BY: (Atty) (Ins. Co.) _____

Address: 706 Marne Lane, Houston, Texas 77090

Subrogation: Claim for Property damage \$ 1,875.62 Bodily Injury \$ _____

Date of Notice: 8/7/01 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 7/27/01 Place: 301 10th Street, NW

Department PUBLIC WORKS Division Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant's vehicle sustained damage when it struck a displaced manhole cover in the roadway. An investigation determined that the city was on notice of said condition but failed to correct it.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,875.62  Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager: _____ Concur/date 18-28-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue S.W.
Atlanta, Georgia 30335

BURNS
08/07/01
RE: CLAIM FOR DAMAGES *On*

Today's Date: Aug 6, 2001

Dear Municipal Clerk:

ENTERED - 8-7-01 - SB
01L0503 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1875.62 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 07/27/2001 2. Time of Incident: 9:31 3. Police called: ☒ Yes ☐ No
(month/day/year)

4. Location of incident (including street address): Tenth St. @ Holly St

5. Name of your insurance company: Allstate Policy No. 629238088

6. State what and how incident occurred: See attached police report.

Only 1 estimate is attached due to the fact that the vehicle was towed to repair shop.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Honda Accord 992 TX G11-VRR Timothy Uptagraff
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Christopher Gill 706 Holmes St NW Apt D 404-589-1890
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Sharon G. Clarke
Signature of Claimant

SHARON G. CLARKE
(Print Claimant's Name)

706 MARNE LN
(Address)

HOUSTON, TX 77090
(City, State and Zip Code)

713-292-0255 281-893-2902
(Work Number) (Home Number)